

County: Brown

Facility ID: 2740

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COTTONWOOD CENTER

1311 NORTH DANZ AVENUE

GREEN BAY 54302

Phone: (920) 431-7190

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 50

Total Licensed Bed Capacity (12/31/03): 50

Number of Residents on 12/31/03: 50

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

FDDs

No

No

Yes

50

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		6.0
Supp. Home Care-Personal Care	No					1 - 4 Years		30.0
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	84.0	More Than 4 Years		60.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	8.0			----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	8.0			96.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	0.0	65 & Over	16.0	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		6.0
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		6.5
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	68.0	Aides, & Orderlies		
Mentally Ill	No		----	Female	32.0			
Provide Day Programming for			100.0		----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	49	100.0	142	0	0.0	0	1	100.0	113	0	0.0	0	0	0.0	50	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		49	100.0		0	0.0		1	100.0		0	0.0		0	0.0	50	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

		% Needing			Total	
Percent Admissions from:		Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	60.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	10.0	68.0	22.0	50
Other Nursing Homes	0.0	Dressing	22.0	54.0	24.0	50
Acute Care Hospitals	0.0	Transferring	68.0	20.0	12.0	50
Psych. Hosp.-MR/DD Facilities	20.0	Toilet Use	50.0	36.0	14.0	50
Rehabilitation Hospitals	0.0	Eating	74.0	18.0	8.0	50
Other Locations	20.0	*****				
Total Number of Admissions	5	Continence	%	Special Treatments		
Percent Discharges To:		Indwelling Or External Catheter	4.0	Receiving Respiratory Care	0.0	
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	24.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	10.0	Receiving Suctioning	0.0	
Other Nursing Homes	0.0			Receiving Ostomy Care	2.0	
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	42.9	Physically Restrained	0.0	Receiving Mechanically Altered Diets	48.0	
Rehabilitation Hospitals	0.0					
Other Locations	28.6	Skin Care		Other Resident Characteristics		
Deaths	28.6	With Pressure Sores	2.0	Have Advance Directives	0.0	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	7			Receiving Psychoactive Drugs	46.0	

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities					

	This Facility	FDD Facilities		All Facilities	
	%	% Ratio		% Ratio	

Occupancy Rate: Average Daily Census/Licensed Beds	94.6	89.6	1.06	87.4	1.08
Current Residents from In-County	68.0	33.5	2.03	76.7	0.89
Admissions from In-County, Still Residing	40.0	11.3	3.54	19.6	2.04
Admissions/Average Daily Census	10.0	21.3	0.47	141.3	0.07
Discharges/Average Daily Census	14.0	25.0	0.56	142.5	0.10
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00
Residents Aged 65 and Older	16.0	15.3	1.05	87.8	0.18
Title 19 (Medicaid) Funded Residents	98.0	99.3	0.99	65.9	1.49
Private Pay Funded Residents	2.0	0.5	3.64	21.0	0.10
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00
Impaired ADL (Mean)*	36.0	53.1	0.68	49.4	0.73
Psychological Problems	46.0	50.1	0.92	57.4	0.80
Nursing Care Required (Mean)*	6.5	11.0	0.59	7.3	0.89